



**OKPIK COLD WEATHER CAMPING**  
**PERMISSION SLIP**



Regulations require that adult counselors must be present during the entire Scout activity. Signatures required at (2) X's. My son/daughter \_\_\_\_\_, has my permission to attend the: **2011-2012 Okpik Cold-Weather Campout**. I am familiar with the details of this activity. I will be certain that he does not go if he is not in good physical condition and good health. In consideration of the services donated by others, I will hold free from all liability, in case of accident or illness, Blackhawk Area Council, BSA. I further understand and agree that any serious infraction (s) of camp rules by my son could result in his dismissal from the aforementioned activity. Return transportation under such circumstances will be my responsibility.

During this activity I can be reached at (Location) \_\_\_\_\_

Phone No. \_\_\_\_\_, Alternate Phone No. \_\_\_\_\_

Other contact in case of emergency:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Date: \_\_\_\_\_ **Signed ( X )**: \_\_\_\_\_

Parent or Guardian

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TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship \_\_\_\_\_

Date or dates when release is intended: **January 21st & 22nd, 2012**.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

**Signed ( X )**: \_\_\_\_\_

Parent or Guardian

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

*Please list specific medical allergies, chronic illnesses or other conditions:*